

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE					
							10/587214						
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1				51						
2				1	~		52						
3					~		53						
4					~		54						
5					~		55						
6					~		56						
7					~		57						
8					~		58						
9					~		59						
10			1				60						
11				1	~		61						
12					~		62						
13					~		63						
14				1	~		64						
15					~		65						
16					~		66						
17					~		67						
18			1				68						
19				1			69						
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41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.			3				TOTAL IND.						
TOTAL DEP.		3	14				TOTAL DEP.						
TOTAL CLAIMS			17				TOTAL CLAIMS						